

## LEA Letterhead

Date

Nan Gray  
USOE  
Special Education Services Unit  
250 E. 500 S.  
P.O. Box 144200  
Salt Lake City, Utah 84114-4200

Dear Ms. Gray:

This is a request for reimbursement in the amount of ..... to the .....School District/Charter School, for the fiscal support for our year 1 Utah Program Improvement Planning System activities.

These funds were utilized for .....(activities) on (dates) (dates must fall during the period of July 1, 2007 and June 30, 2008).

Thank you for providing this support for the special education monitoring process.

Sincerely,

Special Education Director